

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000051926

1. Corporation Name

JOMAC, INC.

Principal Place of Business

6209 ELK TRAIL
SALISBURY NC 28147

Mailing Address

6209 ELK TRAIL
SALISBURY NC 28147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1999

Suite, Apt. #, etc.

6309 ELK Trail

Suite, Apt. #, etc.

6309 ELK Trail

City & State

Salisbury NC

City & State

Salisbury NC

Zip Country

28147 USA

Zip Country

28147 USA

5. FEI Number

59-3580895

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MCDONALD, JIM	1855 BARTRAM CIRCLE W 6309 ELK Trail	JACKSONVILLE FL 32207 Salisbury, NC 28147
D	HESS, JOANN	6309 ELK TREE TRAIL ELK	SALISBURY NC 28147

600008893436
11/08/02--01104--006 **150.00

8. Name and Address of Current Registered Agent

McDonald
MCDONALD, JIM
1855 BARTRAM CIRCLE W
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
James McDonald, Jr.
REGISTERED AGENT MUST SIGN

Date

11/4/2002

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED
James McDonald, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/2002 1-704-633-6772

CR2E040 (8/02)

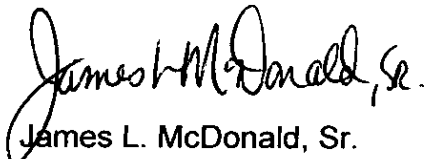
November 4, 2002

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Application for Reinstatement-JOMAC, Inc.

Please be advised that we did not receive a notice prior to this and wish to have reinstatement for this corporation without penalty. Corrections have been made to addresses as indicated on the enclosed form. We are enclosing the fee of \$150 with this application.

Thank you for your consideration in this matter.


James L. McDonald, Sr.
JOMAC, Inc.